

FORM B - INFORMATION ABOUT OFFEROR, MAJOR PARTICIPANTS AND GUARANTORS¹

Offeror Name: _____

Firm's Role on Offeror's Team: _____

Complete/Legal

Name of Firm: _____

Year Established: _____ Individual Contact: _____

California Contractor's License(s) #: _____ Individual's Title: _____

Federal Tax ID No.: _____ Telephone No.: _____

Standard Industry Classification Code: _____ Fax No.: _____

Name of Official Representative: _____

Business Organization (check one):

- ☐ Corporation (If yes, then indicate the State and Year of Incorporation):
☐ Partnership
☐ Joint Venture
☐ Limited Liability Company (If yes, then indicate the State and Year of formation):
☐ Other (describe)

A. Business Name: _____

B. Business Address:
Headquarters: _____

Office Performing the Work: _____

Contact Telephone Number: _____

Number of employees _____ Year established _____

YES **NO**

☐ ☐ Has your organization, or you as a sole proprietor, ever filed bankruptcy or defaulted on any debts?

☐ ☐ Is your organization, or you as a sole proprietor, a party to any claim or lawsuit?

1. Small Business Status

Is your organization certified as a small business by the State of California, or have you applied for certification?

☐ **No** ☐ **Yes** If yes, list your OSDS Number _____

☐ Date certified _____

☐ Application submitted to Office of Small Business Certification and Resources on: _____

¹ Complete a separate Form A for Offeror, each Major Participant identified in the SOQ, and any entities who will provide guarantees of Offeror's obligations under the Contract.

_____ (date)

Is your firm certified as a small business by any other governmental entity, or have you applied for certification?

☐ **No** ☐ **Yes** If yes, identify the governmental entity and list your identification number

☐ Date certified _____

☐ Application submitted to on:
_____ (date)

2. Disabled Veteran Business Status

Is your firm certified as a DVBE, or have you applied for certification?

☐ **YES** ☐ **NO**

If yes, list your identification number _____

☐ Date certified _____

☐ Application submitted to on:
_____ (date)

3. Disadvantaged Business Enterprise

Is your firm certified as a DBE, or have you applied for certification?

☐ **YES** ☐ **NO**

If yes, list your identification number _____ and agency providing the certification _____.

☐ Date certified _____

☐ Application submitted to on:
_____ (date)

4. Additional Information

- A. If the entity is a Joint Venture, Partnership or Limited Liability Company, indicate the complete name and role of each member and each other financially liable party in the space below. Complete a separate copy of Form B for each member and financially liable party and attach it to the SOQ.

Name of Firm	Role	Financial Liability

- B. Is the firm under investigation by any agency of the Federal government (e.g. the Justice Department, SEC, Department of Defense, Federal Trade Commission, etc.) or by any agency of a State or foreign government?

☐ Yes ☐ No

If yes, please explain. _____

- C. Have any banks refused to lend to the firm in the last two years?

☐ Yes ☐ No

If yes, please explain. _____

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm's official representative:

By: _____ Print Name: _____

Title: _____ Date: _____

[This document should be signed by the Official Representative of the Offeror, as identified in this FORM B. For other Major Participants, it should be signed by an officer of the company or other authorized representative.]

[Please make additional copies of this form as needed.]